Change	in	Company's	premium	or	rate	level	produced	by	rate
revisio	n e	effective	+7.6%						

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	Marie	
9. Fire		
10. Extended Coverage		· · · · · · · · · · · · · · · · · · ·
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	113,883	+ 7,6
Line of Insurance		
If so, specify: <u>no</u> Brief description of filing. (If organization, specify organization	filing follows rates of and a contract of the	an advisory /1/06 loss costs
· · · · · · · · · · · · · · · · · · ·		Silvi TOFILLE COM
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	rel which will	. : ')
resure from apprication of new	races.	USAN U A 2006
	Companion Commercial Ins Name of Compa	urance Company
hill'		anager of Actuarial Service

H29219D

Change in Company's premium or rate level produced by rate revision effective $\pm 10.7\%$

(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		· · · · · · · · · · · · · · · · · · ·
4. Burglary and Theft		· · · · · · · · · · · · · · · · · · ·
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	693,477	+10.7
Line of Insurance		
Brief description of filing. (If organization, specify organization)	filing follows rates of a	n advisory
organizacion, bpcorry organizacio	m, . Adoption of Neel B 1,	1,00 1088 60868
		I WIND THE
		OF ILLE
		The Continues of
* Adjusted to reflect all prior ** Change in Company's premium le		
result from application of new		2014 0 7 2006
resure from application of new	races.	~ ' <i><uu< i="">6</uu<></i>
		Spring 3
	ť	THE THE THE
Com	panion Property & Casualty	Insurance Company S
	Name of Compar	·
		<u>.</u> ,
as v		
Ψ().	1 611	
	<u> </u>	angger of Actuarial Services
	Official - Tit	le J

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	rel produced by rate revision effective	ブレハく ! ************************************
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other: Workers' Compensation	\$14,046,873	-17.400%
Line of Insurance		
Does filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	N/A
		
Brief description of filing. (If filing follows ra	ates of an advisory organization, specify orga	nization): NCCI
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level wh	nich will result from application of new rates.	
		_
		ated Insurance Company
	N	lame of Company
	Tammy B	Make, State Filings Analyst
		Official Title

DIVISION OF INTURANCE STATE OF ILLUADO/OFPR

JUN U 1 2006

Cha	ange in Company's premium or rate level produced by	rate revision effective	-	07/01/06
	(1)	(2) Annual Premium	(3) Percent	**
	Coverage	Volume (Illinois)*	Change (+or-)	~-
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler & Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers' Compensation	188,136	2.6%	
16.	Other			
	Does filing only apply to certain territory(ies) or certain No, applies to all WC.	n classes? If so, specify:	DIVISION	V Os T
	Brief description of filing. (If filing follows rates of an a Adoption of Advisory Organization Prospective Loss 0	dvisory organization, specify o	ganization.	O 1 2006
			SPRING	
	* Adjusted to reflect all prior rate changes.		MGFIE	D. // /
	** Change in Company's premium level whi	ich will result from application o	f new rates.	LD, ILLINOIS
		Coregis Insurance Comp		
		Linda Snook, P&RS Spe	•	
		Official Title	Julian	

hange i	n Company's premium or rate level produ	uced by rate revision effective: _	May 15, 2006
	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
1.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		-
10.	Extended Coverage		
11.	Inland Marine	·····	
12.	Homeowners		
13.	Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
14.	Crop Hail		
15.	Worker's Compensation	800,000	+8.7%
16.	Other	800,000	то./70
10.	Line of Insurance		
C-1'			•
	g only apply to certain territory (territorie	s) or certain classes? It so, specif	Ty:
territo	nes		<u> </u>
af deco	ription of filing. (If filing follows rates o	f an advisory organization, specif	v organization):
	NCCI 01/01/2006 rates and factors. Mir		
dopito			DIVISION OF INSTA
	····		STORE OF HERIOTORIA - P
ljusted	to reflect all prior rate changes.	i i	• •
hange	in Company's premium level which		MAY 1 > 2006
ill res	ult from application of new rates.		() () ()
		COUNTRY Cashalty Insurance	Assumed to the Way
			e Company LLD, LLL
		Name of Company	_
		hule The	
		Ronald D. Pridgeon	
		Ronald D. Pridgeon Chief Property/Casualty Actua	nry

	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger	A STATE OF THE STA	
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Glass Fidelity Surety DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
7.	Surcty Similar 1		
8.			
9.	Fire MAY 1 5 2006		
10.			
11.	Inland Marine Homeowners SPRINGFIELD, ILLING) 5	
12.	Homeowners SPRINGFILLS,		
13.	Commercial Multi-Peril		
14.	Crop Hail	50.000.000	
15.	Worker's Compensation	53,300,000	+7.9%
16.	Other		
	Line of Insurance		
Ooes filing	g only apply to certain territory (territories)	or certain classes? If so, specify	
LII TOTTIOI	103		
Adopted	ription of filing. (If filing follows rates of a NCCI 01/01/2006 rates and factors. Down		
1inimum	premium of \$900 for most classes.		
			
Adjusted	to reflect all prior rate changes.		
	to tottoo all briot the dimingeo.		
	in Company's premium level which		

COUNTRY Mutual Insurance Company Name of Corprany Ronald D. Pridgeon
Chief Property/Casualty Actuary
Official and Title



SUMMARY SHEET

WC IL0066402R01

_	_	
SPRIM	_	
A. WHA	Geier –	
THE REAL PROPERTY.	GFIELD, ILLINOIS	
	- LEINOID	
	1013	

Change in Company's premium or rate level produced by rate

	revision effective 08.01.0)6	•
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
4.	Liability Other Than Auto Burglary and Theft		
6.	Glass Fidelity Surety		
8. 9.	Boiler and Machinery Fire		
11. 12.	Extended Coverage Inland Marine Homeowners		
14.	Commercial Multi-Peril Crop Hail		
15.	Other Workers Compensation Line of Insurance	\$761,067	+1.2
	s filing only apply to certain so, specify: No	territory (territories)	r certain classes?
		· · · · · · · · · · · · · · · · · · ·	
	ef description of filing. (If ganization ganization)	n): Please delay implements costs effective on J Reference File #IL-2 the implementation of	entation of the loss January 1, 2006 (NCCI 2005-11). We would like late of the NCCI loss as the effective date
_			

- * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.

CUMIS	3 Insura	ance	society	, Inc.
	Name	of	Company	

Kim E. Erfurth - Associate Director Official - Title

INS00106

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

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,	RF-3)	JAN Ü + 2006	ET
C	Change in Company's premium	or rate level produced by rate revision effective SPRINGFIELD, ILLINOIS	01-01-2006
	(1) L	Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	17 6111 806	1-25010
15.	Other Workers Compensa Line of Insurance	tion 12,641,846	
Does fi	iling only apply to certain territ	ory (territories) or certain classes? If so, specify:	LITORIEC.
F0.	STS, AND RA	ILAR FL -2005-11. changes. evel which will	4 /2/8-5 (03)
			Takua in

Name of Company GIRUUP

H29219D

ILLINOIS

Cha	inge in Company's premit	um or rate level produced by	rate revision effective	_	07/01/06
	(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-	·)**
1.	Automobile Liability Private Passe Commercial	enger			
2.	Automobile Physical Dar Private Passe Commercial				
3.	Liability Other than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity			.	
7.	Surety				
8.	Boiler & Machinery				
9.	Fire				
10.	Extended Coverage	· · · · · · · · · · · · · · · · · · ·			
11.	Inland Marine	DIVISION OF INSURAN STATE OF ILLINOIS/IDEPE	ICE		
12.	Homeowners				
13.	Commercial Multi-Peril	JUL 0 1 2006			
14.	Crop Hail				
15.	Workers' Compensation	SPRINGFIELD, ILLINO	S3,73 ,901	1.8%	
16.	Other				
	Does filing only apply to No, applies to all WC.	certain territory(ies) or certain	n classes? If so, specify:	<u>-</u> .	
	Brief description of filing. Adoption of Advisory Org	. (If filing follows rates of an a ganization Prospective Loss (advisory organization, spec Costs with an LCM Chang	cify organization.	
	* Adjusted to	reflect all prior rate changes.			
		Company's premium level wh	ich will result from applica	tion of new rates.	
			Employers Reinsuran		
			Name of Co	-	
			Linda Snook, P&R Official		

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level p	roduced by rate revision effective	JUNE 1
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage	•	
Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety –		
8. Boiler and Machinery	······································	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	-	
14. Crop Hail		
15. Other: Workers' Compensation	AC 571 470	
Line of Insurance	\$5,577,473	-11.200%
Does filing only apply to certain territory (territo	ories) or certain classes? If so, specify:	N/A
Brief description of filing. (If filing follows rates	of an advisory organization, specify organiza	ation): NCCI
'Adjusted to reflect all prior rate changes. *Change in Company's premium level which v	will result from application of new rates.	
	Indiana In:	surance Company
		surance Company of Company
	Name	of Company
	Name Tammy Blake	
	Name Tammy Blake	e of Company , State Filings Analyst

SIA, STALL SALVER

JUN 0 1 2006

SPRINGFIELD | | | | | | | | | |

§ 754. Exhibit A Summary sheet (Form RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8-1-2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Automobile Liability Private Passenger		
Commercial 2. Automobile Physical Damage Private Passenger Commercial		
 Liability Other Than Auto Burglary and Theft 		
5. Glass 6. Fidelity		
7. Surety 8. Boiler and Machinery 9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers' Compensation Life of Insurance	367,643	+2.5%
Does filing only apply to certain territory	(territories) or certain	classes? If so, specify:
Brief description of filing (If filing follow multipliers to be organization):	vs rates of an advisory applied to NCCI	organization, specify
advisory loss costs.		
*Adjusted to reflect all prior rate change	2	

*Adjusted to reflect all prior rate changes.

Iowa American Insurance Company

. Name of Company

Beverly Barber - Compliance
Official - Title

2006 ا ل زير

CPTIMGFIELD, ILLINO'O

^{**}Change in Company's premium level which will result from application of new rates.

§ 754. Exhibit A Summary sheet (Form RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8-1-2006

(1)	(2) Annual Premium	. (3)
Coverage	Volume (Illinois)*	Percent Change (+ or –)**
Automobile Liability Private Passenger		
Commercial		·
2. Automobile Physical Damage		
Private Passenger	· · · · · · · · · · · · · · · · · · ·	
Commercial		
3. Liability Other Than Auto		
Burglary and Theft Glass	· · · · · · · · · · · · · · · · · · ·	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	1 2006 604	
15. Other Workers' Compensation Life of Insurance	1,3006,684	+2.5%
Does filing only apply to certain territory (territories) or certain o	classes? If so, specify:
Brief description of filing. (If filing follows organization): Multipliers to be advisory loss costs.	s rates of an advisory applied to NCCI	organization, specify
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	ch will result from appl Iowa Mutual Ins Name of C Beverly Barber Official	urance Company ompany - Compliance
		- Title

DIVIL ON OF INSUE STATE OF ILLINOISHD.

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SP. (GFIELD, ILLINO)S

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	JUNE 1
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercia	ıl	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		<u></u>
6. Fidelity	<u> </u>	
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage 11. Inland Marine		· · ·
12. Homeowners	-	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other: Workers' Compensation	\$10,496,850	-11.100%
Line of Insurance		<u> </u>
Does filing only apply to certain territor	y (territories) or certain classes? If so, specify:	N/A
Brief description of filing. (If filing follow	s rates of an advisory organization, specify organization	ation): NCCI
*Adjusted to reflect all prior rate change **Change in Company's premium level	es. which will result from application of new rates.	
	The Netherlan	ds Insurance Company
		e of Company
		• •
	Tammy Blake	e, State Filings Analyst
	Of	ficial – Title

DIVISION OF HIS JRANCE STATE OF ILLINOIS/IDEPR

JUN U 1 2006

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	7.0.00	. 5. 50
15. Other Workers Compensation	13,094	+5.7%
Line of Insurance		
Does filing only apply to certain If so, specify: All Workers Com	n territory (territories)or pensation Classes	certain classes?
11 00, ppoolij.		

IL-2005-11) Advisory Rates, Loss Costs, and Rating Values.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Old Republic Insurance Company Name of Company	
MAY 0 1 2006	Deborah J. Matthews - Manager - Regulatory Compliance Official - Title	
SPRINGFIELD, ILLINOIS		

organization, specify organization): Adoption of NCCI 01-01-2006 (IL-2005-09 &

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in C	ompany's premium or rate level pr	oduced by rate revision effective	May 1, 2006
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
	bile Liability Private senger Commercial		
2. Automo	bile Physical Damage ate Passenger Commercial		
	Other Than Auto		
4. Burglary	and Theft		
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler a	nd Machinery		
9. Fire	_		
10. Extende	ed Coverage		
11. Inland N	Marine		
12. Homeov	vners		
13. Comme	rcial Multi-Peril		
14. Crop Ha	ail		
15. Other:	Workers' Compensation	\$0	9.200%
-	Line of Insurance		
Does filing o	nly apply to certain territory (territo	ries) or certain classes? If so, specify:	N/A
Brief descrip	tion of filing. (If filing follows rates	of an advisory organization, specify organiz	ation): NCCI
	reflect all prior rate changes. Company's premium level which v	vill result from application of new rates.	
		Peerless Indet	nnity Insurance Company
			e of Company
		142	
		Tammy Blak	e, State Filings Analyst
			fficial Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUN 0 1 2006

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	1, 2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other: Workers' Compensation	\$4,008,878	-2.900%
Line of Insurance		
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	N/A
Brief description of filing. (If filing follows rat	es of an advisory organization, specify organiza	ation): NCCI
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	ch will result from application of new rates.	
	Peerless In	surance Company
		of Company
	Tammv Blake	, State Filings Analyst
		cial – Title



DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

Form (RF-3)

SUMMARY SHEET

	•-		
		level produced by rate revision effective	06/01/2006
	(1)	(2)	(3)
	(1)	(2) Annual Premium	Percent
	Correga	Volume (Illinois)*	Change (+ or -)**
	Coverage	volume (limois)*	Change (+ bi -)
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		- 17
4.	Burglary and Theft	•	
5.	Glass		
6.	Fidelity		
7.	_	· · · · · · · · · · · · · · · · · · ·	
	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,372,412	+6.3%
	Line of Insurance		
	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify	:
No			
		rates of an advisory organization, specify	
Ado	pting NCCI's 01/01/2006 rates and ration	ng values referenced in NCCI approval ci	rcular IL-2005-11
• •	diversed to reflect all union metal about an		
	djusted to reflect all prior rate changes.		
	change in Company's premium level wh	ich will	(
Te	esult from application of new rates.		NA+C,
		risective.	N. C
	1/1/1/	1 57	
	100, -	1 The	a James Inc. Co. of America
	15 A	Somp	o Japan Ins. Co. of America
	- 1 his	and of	Name of Company
	1	A CARE	
	ON LANGE		
	1 /1/10		Challe Decalify
	Tho:/	on will The Somp	Sheila Barclift,
	, (State Filings Manager
			Official - Title

Cha	ange in Company's premium or rate level produced by	y rate revision effective	07/01/06
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1.	Automobile Liability Private Passenger Commercial		———
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	CE	
13.	Commercial Multi-Peril STATE OF ILLINOIS/IDFPR		
14.	Crop Hail JUL 0 1 2006		
15.	Workers' Compensation	26,889,803	1.4%
16.	Other SPRINGFIELD, ILLING	OIS	
	Does filing only apply to certain territory(ies) or certain No, applies to all WC.		
	Brief description of filing. (If filing follows rates of an a Adoption of Advisory Organization Prospective Loss		ganization.
	* Adjusted to reflect all prior rate changes.		
	** Change in Company's premium level wh		new rates.
		Westport Insurance Corpor	
		Name of Company	
		Linda Snook, P&RS Spe Official Title	cialist